**POWER OF ATTORNEY**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Principal's name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal's address), being of sound mind and legal capacity, do hereby appoint
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agent's name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agent's address), as my true and lawful attorney in fact, to act for me in my name, place, and stead, and on my behalf to do and perform the following:

*(List agent's powers here, such as the power to buy or sell stock or real estate, write checks, etc.)*

1. The following property, interests, or rights shall be subject to this Power of Attorney:

*(Identify assets subject to agent's authority.)*

1. This Power of Attorney shall be effective on the date of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.
2. This Power of Attorney shall remain in effect in the event that I should become or be declared disabled, incapacitated, or incompetent.
3. This Power of Attorney shall terminate on the date of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, unless I have revoked it sooner. I may revoke this Power of Attorney at any time and in any manner.
4. My agent shall be paid compensation for services pursuant to this Power of Attorney as follows:

*(Identify compensation agent will receive, if any.)*

1. This Power of Attorney shall be governed by the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

IN WITNESS WHEREOF, I have signed this Power of Attorney of my own free will.

 Agreed to and Accepted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Principal's Signature Agent's Signature

Place:

Date:

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Notary